

Please type a plus (+) sign in this box →

+

PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))

Attorney Docket No.	M61.12-0580
First Inventor or Application Identifier	Renaud J. Lecoeuche
Title	FOCUS TRACKING IN DIALOGS
Express Mail Label No.	EV 388907612 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

Address To: Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. <input checked="" type="checkbox"/> *Fee Transmittal Form e.g., PTO/SB17)
(Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant Claims small entity status</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Sheets 264]
(preferred arrangement set forth below)
- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. § 113) [Total Sheets 16]</p> <p>5. Oath or Declaration [Total Sheets 2]
a. <input checked="" type="checkbox"/> Newly executed (original or copy)
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 18 completed)
i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. §§1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or
Computer program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission
(If applicable, all necessary)
a. <input type="checkbox"/> Computer Readable Copy
b. Specification Sequence Listing on:
i. <input type="checkbox"/> CD-ROM or CD-R (2 Copies); or
ii. <input type="checkbox"/> Paper
c. <input type="checkbox"/> Statement verifying identity of above copies</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

ACCOMPANYING APPLICATION PARTS

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement
(when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure
Statement (IDS)/PTO – 1449</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)
(if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request Under 35 USC 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35
or its equivalent</p> <p>17. <input checked="" type="checkbox"/> Other: <u>Appendixes A and B</u></p> | <p><input checked="" type="checkbox"/> Power of Attorney</p> <p><input type="checkbox"/> Copies of IDS Citations</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation –in part (CIP)

of prior application No: _____ / _____

Prior application information:

Examiner _____

Group/Art Unit: _____

FOR CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.


17. CORRESPONDENCE

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	Steven M. Koehler		
	WESTMAN CHAMPLIN & KELLY		
Address	Suite 1600 – International Centre 900 South Second Avenue		
City	Minneapolis	State	MN
		Zip Code	55402-3319
Country	USA	Telephone	(612) 334-3222
		Fax	(612) 334-3312

Name (Print/type)	Steven M. Koehler	Registration No. (Attorney/Agent)	36,188
Signature		Date	1/9/04

17707 U.S. PTO

FEE TRANSMITTAL*Complete if Known*

Application No.

Filing Date

First Named Inventor

Title

Group Art Unit

Examiner Name

HEREWITH

Renaud J. Lecoeuche

FOCUS TRACKING IN DIALOGS

Total Amount of Payment \$ 810

Atty. Docket Number

M61.12-0580

METHOD OF PAYMENT (Check One)

1. ☒ The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. 23-1123.
Westman, Champlin & Kelly, P.A.

2. ☒ PTO-2038 Enclosed

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity	
Fee	Code	Fee	Code
770	1001	385	2001
340	1002	170	2002
770	1004	385	2004
160	1005	80	2005

Code	Fee (\$)	Description
1001	770	<input checked="" type="checkbox"/> Utility Filing Fee
1002	340	<input type="checkbox"/> Design Filing Fee
1004	770	<input type="checkbox"/> Reissue Filing Fee
1005	160	<input type="checkbox"/> Prov. Filing Fee

Subtotal (1) \$ 770**2. EXTRA CLAIM FEES**

	Number Claims	Prior**	Extra	Fee from Below	Fee Paid
Total	18	20	0	18	0
Indep.	2	3	0	86	0

Multiple Dependent Claims

** Insert 3 and 20, or number previously paid if greater; Reissue see below

Large Entity		Small Entity		Description
Fee	Code	Fee	Code	
18	1202	9	2202	Claims in excess of 20
86	1201	43	2201	Independent claims in excess of 3
290	1203	145	2203	Multiple Dependent Claims
86	1204	43	2204	Reissue Independent Claims over Original Patent
18	1205	9	2205	Reissue claims in excess of 20 and over original patent

Subtotal (2) \$ 0**FEE CALCULATION (Continued)****3. ADDITIONAL FEES**

Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid	
1051	130	2051	65	Surcharge - Late filing fee or oath
1052	50	2052	25	Surcharge - Late provisional Filing Fee or cover sheet
1053	130	1053	130	Non-English specification
1812	2,520	1812	2,520	For Filing a Request for Reexamination. (ex parte)
1251	110	2251	55	Extension for reply within first month
1252	420	2252	210	Extension for reply within second month
1253	950	2253	475	Extension for reply within third month
1254	1,480	2254	740	Extension for reply within fourth month
1255	2,010	2255	1,005	Extension for reply within fifth month
1402	330	2402	165	Filing a brief in support of an appeal
1403	290	2403	145	Request for oral hearing
1814	110	2814	55	Terminal Disclaimer Fee
1452	110	2452	55	Petition to Revive - unavoidable
1453	1,330	2453	665	Petition to Revive - unintentional
1501	1,330	2501	665	Utility/Reissue issue fee (inc. advance copies)
1502	480	2502	240	Design issue fee (inc. advance copies)
1460	130	1460	130	Petitions to the Commissioner
1807	50	1807	50	Petitions related to provisional applications
1806	180	1806	180	Submission of Information Disclosure Statement
8021	40	8021	40	Recording each patent assignment per property (times number of properties)

Other Fee (specify) _____

Subtotal (3) \$40

Signature

(Steven M. Koebler)

Reg. No. 36,188

Date

1/9/07Deposit Account No. 23-1123